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APPLICATION NO.	PILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKETNO.	CONFIRMATION NO.
09/784,227	02/13/2001		Scott Craig Koss		8371-123	2514
TITLE OF INVENTION: N	ÆTHOD AND SYST	EM FOR A GENERIC I	DOCUMENT PROCESSI	NG DEVICE CLIE	NT.	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1400	\$300	. \$0	\$1700	04/10/2007
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	7		
SORRELL, F	ERON J	2182	710-016000	<del></del> .		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  The part of the patent attorney or agent attorneys or agents. If no name is listed, no name will be printed.			
					as is identified below the	d
recordation as set forth in  (A) NAME OF ASSIGN		letion of this form is NO				document has been filed fo
			(B) RESIDENCE: (CIT	Y and STATE OR C	COUNTRY)	
		OF AMERICA,		MAS, WASH		
Please check the appropriate	assignee category or	categories (will not be p	rinted on the patent):	Individual (Co	orporation or other private g	roup entity Government
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-1703 (enclose an extra copy of this form).			
<ol> <li>Change in Entity Status</li> <li>a. Applicant claims S</li> </ol>			b. Applicant is no los	nger claiming SMAI	LL ENTITY status. Sec 37 (	TER   27(a)(2)
NOTE: The Issue Fee and P interest as shown by the rec			d from anyone other than Office.	the applicant; a regi	stered attorney or agent; or	the assignee or other party in
Authorized Signature	Bryan,	Kilpati	ch		IL 10, 2007	
Typed or printed name	BRYAN D.	KIRKPATRIC	K	Registration N	53,135	
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